

Fill in this information to identify the case:

Debtor name Med Care Emergency Medical Services, Inc.

United States Bankruptcy Court for the:

Southern District of Texas, Mcallen DivisionCase number (if known): 18-70408☒ Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Advantage Funding One Marcus Avenue Lake Success, NY 11042	Advantage Funding	Vehicle Lease		\$126,785.01	\$36,600.00	\$90,185.01
2	<u>Ally</u> P.O. Box 9001948 Louisville, KY 40290	Ally	Lien on titles		\$27,682.00	\$21,975.00	\$5,707.00
3	Internal Revenue Service Bankruptcy Specialist Keri Templeton 300 E. 8th Street, M/S5026-AUS Austin, TX 78701	Internal Revenue Service	Taxes				\$1,734,895.49
4	Med One 517 US 31 North Greenwood, IN 46142	Med One	Equipment Lease				\$575,000.00
5	<u>Pablo Villarreal Jr., PCC</u> Hidalgo County Tax Assessor P.O. Box 178 Edinburg, TX 78540	Pablo Villarreal Jr., PCC	Supplies, Furniture, Fixtures Equipment & Vehicles; City of McAllen and Hidalgo County				\$16,057.02
6	Santander 734 Walt Whitman Road Melville, NY 11747	Santander (631) 439-1266	Vehicle Lease		\$212,800.00	\$47,950.00	\$164,850.00
7	Stryker P.O. Box 93309 Chicago, IL 60673	Stryker	Equipment Lease				\$90,692.58
8	U.S. Bank Equipment Finance P.O. Box 790413 Saint Louis, MO 63179	U.S. Bank Equipment Finance	Equipment Lease				\$120,000.00

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9	UnitedHealthcare Insurance Company CDM/Bankruptcy 185 Asylum Street Hartford, CT 06103	UnitedHealthcare Insurance Company (860) 702-5410	Insurance claims over payments not refunded	Disputed			\$21,125.06
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

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Debtor name Med Care Emergency Medical Services, Inc.

United States Bankruptcy Court for the:

Southern District of Texas, Mcallen DivisionCase number (if known): 18-70408☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property****12/15**

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**☐ No. Go to Part 2.☒ Yes. Fill in the information below.**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****2. Cash on hand****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1 <u>Lone Star National Bank</u>	<u>Checking account</u>	<u>5674</u>	<u>\$2,735.89</u>
3.2 <u>Lone Star National Bank</u>	<u>Checking account</u>	<u>6801</u>	<u>\$74.91</u>
3.3 <u>Lone Star National Bank</u>	<u>Checking account</u>	<u>6828</u>	<u>\$315.18</u>
3.4 <u>Wells Fargo</u>	<u>Checking account</u>	<u>6751</u>	<u>\$11,470.67</u>
3.5 <u>Wells Fargo</u>	<u>Checking account</u>	<u>6850</u>	<u>\$0.00</u>
3.6 <u>Wells Fargo</u>	<u>Checking account</u>	<u>0519</u>	<u>\$65,508.53</u>

**4. Other cash equivalents (Identify all)**

Name of institution (bank or brokerage firm)

**None****5. Total of Part 1**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$80,105.18****Part 2: Deposits and prepayments**

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
- ☐ Yes. Fill in the information below.

Current value of  
debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

None

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

None

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
- ☒ Yes. Fill in the information below.

Current value of debtor's  
interest

11. Accounts Receivable

11a. 90 days old or less:	<u>\$6,560,700.90</u>	-	<u>\$3,608,385.50</u>	=	..... →	<u>\$2,952,315.39</u>
	face amount		doubtful or uncollectible accounts			

11b. Over 90 days old:	<u>\$26,049,108.39</u>	-	<u>\$24,862,698.03</u>	=	..... →	<u>\$1,186,410.36</u>
	face amount		doubtful or uncollectible accounts			

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$4,138,725.75

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
- ☐ Yes. Fill in the information below.

Valuation method used for current value

Current value of debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

None

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or join venture

Name of entity:

% of ownership:

None

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

None

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
- ☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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19. **Raw materials**
20. **Work in progress**
21. **Finished goods, including goods held for resale**
22. **Other inventory or supplies**

23. **Total of Part 5**

Add lines 19 through 22. Copy the total to line 84.

24. **Is any of the property listed in Part 5 perishable?**

- ☒ No
- ☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No
- ☐ Yes

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

**Part 6:** Farming and fishing-related assets (other than titled motor vehicles and land)27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. <b>Crops—either planted or harvested</b> <u>None</u>			
29. <b>Farm animals</b> <i>Examples:</i> Livestock, poultry, farm-raised fish <u>None</u>			
30. <b>Farm machinery and equipment</b> (Other than titled motor vehicles) <u>None</u>			
31. <b>Farm and fishing supplies, chemicals, and feed</b> <u>None</u>			
32. <b>Other farming and fishing-related property not already listed in Part 6</b> <u>None</u>			
33. <b>Total of Part 6</b> Add lines 28 through 32. Copy the total to line 85.			
34. <b>Is the debtor a member of an agricultural cooperative?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Is any of the debtor's property stored at the cooperative? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Name

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☒ No  
☐ Yes

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☒ No  
☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 7:** Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
Desks, chairs, filing cabinets, tables, chairs-see attached list	\$4,144.00		\$4,144.00
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software			
Appliances: refrigerators, microwave, coffee machine-see attached list	\$479.50		\$479.50
Computer Equipment and Peripherals-see attached list	\$5,603.50		\$5,603.50
42. Collectibles Examples: Antiques and figurines; paintings, prints or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
None			

43. Total of Part 7

Add lines 39 through 42. Copy the total to line 86.

\$10,227.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No  
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 8:** Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.  
☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)		Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>				
47.1	2012 Ford E350 XL-Modified & Upgraded for Ambulance Transport VIN: 1F2WE3FSXCDA31724			\$5,200.00
47.2	2013 Ford E350-Modified & Upgraded for Ambulance Transport VIN: 1FDSW3FS2DDA77890			\$6,230.00
47.3	2013 Ford E350-Modified & Upgraded for Ambulance Transport VIN: 1FDWE3FS4DDA91595			\$6,230.00
47.4	2013 Ford E350-Modified & Upgraded for Ambulance Transport VIN: 1FDWE3FS9DDB21934			\$6,230.00
47.5	2013 Ford E350-Modified & Upgraded for Ambulance Transport VIN: 1FDWE3FSXDD21926			\$6,230.00
47.6	2013 Ford E350-Modified & Upgraded for Ambulance Transport VIN: 1FDWE3FSSDDB21929			\$6,230.00
47.7	2013 Ford E350-Modified & Upgraded for Ambulance Transport VIN: 1FDWE3FS3DDB21931			\$6,230.00
47.8	2015 Ford E350-Modified & Upgraded for Ambulance Transport VIN: 1FDSW2XG4FKA82359			\$17,000.00
47.9	2015 Ford E350-Modified & Upgraded for Ambulance Transport VIN: 1FDSW2XG5FKA88459			\$17,000.00
47.10	2015 Ford E350-Modified & Upgraded for Ambulance Transport VIN: 1FDSW2XG1FKA88460			\$17,000.00
47.11	2015 Ford E350 Cut-Modified & Upgraded for Ambulance Transport VIN: 1FDWE3FS6FDA29201			\$17,000.00
47.12	2015 Ford E350-Modified & Upgraded for Ambulance Transport VIN: 1FDSW2XGXFKB23271			\$17,625.00
47.13	2015 Ford E350-Modified & Upgraded for Ambulance Transport VIN: 1FDSW2XG3FKB33088			\$17,000.00
47.14	2016 Ford E350-Modified & Upgraded for Ambulance Transport VIN: 1FDBW2XG2GKA18936			\$19,875.00
47.15	2016 Ford T250-LEASED-Modified & Upgraded for Ambulance Transport VIN: 1FDYR2CGXKA50377 Leased Vehicle			\$9,325.00
47.16	2016 Ford T250-LEASED-Modified & Upgraded for Ambulance Transport VIN: 1FDYR2CG9GKA65128 Leased Vehicle			\$9,575.00
47.17	2016 Ford Transit-LEASED-Modified & Upgraded for Ambulance Transport VIN: 1FDYR2CG2GKA68663 Leased Vehicle			\$8,850.00



Name

Case number (if known) 18-70408

47.18	2016 Ford Medix-Modified & Upgraded for Ambulance Transport VIN: 1FDYR2CG7GKA68657			\$8,850.00
47.19	2016 Ford Medix-Leased-Modified & Upgraded for Ambulance Transport VIN: 1FDYR2CG4GKA96609 Leased Vehicle			\$8,850.00
47.20	2016 Ford E350-Modified & Upgraded for Ambulance Transport VIN: 1FDBW2XG0GKA37842			\$21,575.00
47.21	2016 Ford Transit Va-Modified & Upgraded for Ambulance Transport VIN: 1FDBW2XG0GKB00101			\$21,925.00
47.22	2016 Ford Transit Va-Modified & Upgraded for Ambulance Transport VIN: 1FDBW2XG0GKB03340			\$22,675.00
47.23	2017 Ford Transit-LEASED-Modified & Upgraded for Ambulance Transport VIN: 1FCBW2XG8HKA40943 Leased Vehicle			\$23,975.00
47.24	2017 Ford Transit-Modified & Upgraded for Ambulance Transport VIN: 1FDBW2XG0HKA52861			\$23,975.00
47.25	2017 Ford Transit-LEASED-Modified & Upgraded for Ambulance Transport VIN: 1FDBW2XG6HKA68773 Leased Vehicle			\$23,975.00
47.26	2017 Ford E150-Modified & Upgraded for Ambulance Transport VIN: 1FDBW2XG7HKA74002			\$21,150.00
47.27	2017 Ford Transit E350-Modified & Upgraded for Ambulance Transport VIN: 1FDBW2XG9HKB35995			\$24,750.00
47.28	2017 Ford Transit E350-Modified & Upgraded for Ambulance Transport VIN: 1FDBW2XG0HKB35996			\$24,750.00
47.29	2017 Ford Transit-Modified & Upgraded for Ambulance Transport VIN: 1FDBW2XG2HKB48930			\$28,375.00
47.30	2017 Ford Transit-Modified & Upgraded for Ambulance Transport VIN: 1FDBW2XG0HKB51390			\$28,925.00
47.31	2013 Ford F150 VIN: 1FTMF1CM0EFA61812			\$11,250.00
47.32	2008 Ford F150 VIN: 1FTRW12W28FA95439			\$8,950.00
47.33	2017 Dodge Ram/1500 VIN: 3C6RR6LT8HG510584			\$21,975.00
47.34	2017 Dodge Ram/1500 VIN: 1C6RR6LG6HS506321			\$30,250.00
47.35	2016 Ford Transit-Modified & Upgraded for Ambulance Transport VIN: NM0GE9E72G1267748			\$12,775.00
48.	Watercraft, trailers, motors, and related accesories Examples: Boats trailers, motors, floating homes, personal watercraft, and fishing vesels  None			
49.	Aircraft and accesories  None			
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			

50.1 **Shop equipment used in repair and maintenance of vehicles** **\$3,437.00** **\$3,437.00**

51. **Total of Part 8**

Add lines 47 through 50. Copy the total to line 87.

**\$565,217.00**

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☐ No  
☒ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No  
☐ Yes

**Part 9: Real Property**

54. **Does the debtor own or lease any real property?**

☐ No. Go to Part 10.  
☒ Yes. Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has interest**

	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment, or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1	<b>Station 9</b>	<b>Lease</b>			
55.2	<b>Station 4</b>	<b>Lease</b>			
55.3	<b>Station 3</b>	<b>Lease</b>			
55.4	<b>Station 2</b>	<b>Lease</b>			
55.5	<b>Main Station &amp; Office</b>	<b>Lease</b>			

56. **Total of Part 9**

Add the current value on lines 55.1 through 55.6 and entries from any addition sheets. Copy the total to line 88.

**\$0.00**

57. **Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No  
☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

☒ No  
☐ Yes

**Part 10: Intangibles and Intellectual Property**

59. **Does the debtor have any interests in intangibles or intellectual property?**

☐ No. Go to Part 11.  
☒ Yes. Fill in the information below.



72. **Tax refunds and unused net operating losses (NOLs)**  
Description (for example, federal, state, local)  
None

73. **Interests in insurance policies or annuities**  
None

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**  
See A/R past 90 days

Nature of claim \_\_\_\_\_  
Amount requested \_\_\_\_\_  
Dual Eligibility claim against State of Texas for 2015 \$900,000.00

Nature of claim \_\_\_\_\_  
Amount requested \$900,000.00

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**  
None

76. **Trusts, equitable or future interests in property**  
None

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*  
Vipers Arena Suite - Contract for \$68,749.98. Have paid \$34,374.99. Balance owed \$34,374.99

78. **Total of Part 11**  
Add lines 71 through 77. Copy the total to line 90. \$920,000.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**  
☒ No  
☐ Yes

**Part 12:** Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1.</i>	<u>\$80,105.18</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	_____	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$4,138,725.75</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	_____	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	_____	

85.	Farming and fishing-related assets. Copy line 33, Part 6.		
86.	Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$10,227.00	
87.	Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$565,217.00	
88.	Real property. Copy line 56, Part 9.....	→	\$0.00
89.	Intangibles and intellectual property. Copy line 66, Part 10.	\$0.00	
90.	All other assets. Copy line 78, Part 11.	+ \$920,000.00	
91.	Total. Add lines 80 through 90 for each column... 91a.	\$5,714,274.93	+ 91b. \$0.00
92.	Total of all property on Schedule A/B. Lines 91a + 91b = 92. ....		\$5,714,274.93

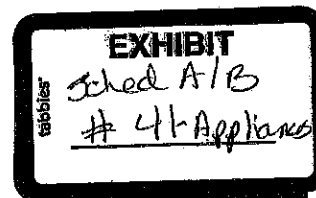
MED-CARE EMERGENCY MEDICAL SERVICES INC.				
LIST OF FURNITURES				
DESCRIPTION	PURCHASE DATE	CONDITION	CURRENT VALUE	
File Cabinets		FAIR	\$140.00	
3 Drawer Rolling Desk		FAIR	\$70.00	
4' Adjustable Folding Table				
White		GOOD	\$35.00	
Blue Dialysis Chair (folds to bed)		FAIR	\$140.00	
Wooden Shelf		GOOD	\$35.00	
Chairs		FAIR	\$105.00	
Couch		FAIR	\$70.00	
Desk (15)	2015	POOR	\$175.00	
Fan		POOR	\$70.00	
Lockers		FAIR	\$28.00	
Metal Shelf		POOR	\$28.00	
Phone Desk		FAIR	\$14.00	
Rocker/Recliner		POOR	\$49.00	
Shelves - Large Metal		FAIR	\$35.00	
Sofa		GOOD	\$49.00	
Stacher w/ Arm Chair	2004	GOOD	\$21.00	
Tables		FAIR	\$70.00	
Tables - Glass Wood		FAIR	\$175.00	
Twin Mattress/Box Spring	2014	POOR	\$105.00	
Twin Mattress/Box Spring				
Lonestar Bedding		FAIR	\$105.00	
Watson Furniture Dispatch				
Console 5 piece	2005	POOR	\$2,100.00	
Wood Stand		FAIR		
Wooden Cabinets		GOOD	\$70.00	
Wooden Closet/Bed		FAIR	\$105.00	
Wooden Conference Table	2004	GOOD	\$350.00	
			\$4,144.00	

EXHIBIT

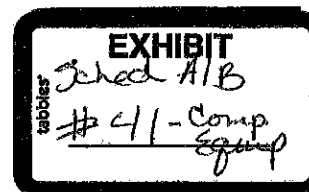
tabbles

Sched A/B  
#39

MED-CARE EMERGENCY MEDICAL SERVICES INC.			
LIST OF APPLIANCES			
DESCRIPTION	PURCHASE DATE	CONDITION	CURRENT VALUE
Refrigerator		POOR	\$70.00
Small Refrigerator		FAIR	\$70.00
Refrigerator		FAIR	\$140.00
Microwave		POOR	\$52.50
Coffee Machine		FAIR	\$7.00
Galanz Refrigerator		FAIR	\$35.00
Whirlpool Refrigerator		FAIR	\$105.00
			\$479.50



MED-CARE EMERGENCY MEDICAL SERVICES INC.			
BUSINESS EQUIPMENT			
DESCRIPTION	PURCHASE DATE	CONDITION	CURRENT VALUE
24 Port CAT 5 Builder IBDN		FAIR	\$3.50
3 Com 48 Port Switch		GOOD	\$3.50
3 Hole Puncher		BROKEN	\$3.50
48 Port CAT 5 Builder IBDN		GOOD	\$17.50
ACTAR 911 INFANTRY Mannequin (Infant) 2 Bags		FAIR	\$105.00
ACTAR 911 SQUADRON Adult CPR Mannequin		FAIR	\$70.00
Adult Intubation Model Laerdal Airway Management Trainer		GOOD	\$17.50
APC Power Array (Battery Backup for Building) 1 plus a rack		FAIR	\$17.50
APC Power Array (Turned off/ needs battery)		FAIR	\$17.50
Backup Phones - Emerson		FAIR	\$31.50
Calculator Royal		POOR	\$0.00
Casualty Simulation Kit		NEW	
Clock / Radio		GOOD	\$2.80
Computer		FAIR	\$105.00
Computer (2)		FAIR	\$140.00
Computer - Dell OPTIPLEX3020		GOOD	\$525.00
Computer Hard Drive - Dell		FAIR	\$105.00
Computer Monitor		POOR	\$35.00
Computer Monitor		FAIR	\$35.00





Computer Monitor		GOOD	\$35.00
Computer Monitor		POOR	\$52.50
Computer Monitor		FAIR	\$28.00
Computer Speaker		FAIR	\$17.50
Console - Zetron		POOR	\$3.50
Copier		GOOD	\$70.00
Copier/FAX/Scanner-MFX		GOOD	\$70.00
Desktop Calculator - Canon		FAIR	\$3.50
Dictaphone Recording System		FAIR	\$7.00
DVD Video - Magnavox		POOR	\$17.50
Electric Pencil Sharpener			
Hunt Corp. 120V		POOR	\$3.50
EMD Protocol			
License# C00003015EM		FAIR	\$3.50
Hard Drive		GOOD	\$35.00
Hole Puncher		FAIR	\$1.40
ICC 48 Port (2) CAT 5		GOOD	\$7.00
IT Cabinet & Server			
Voice Print 4FT Dell		FAIR	\$140.00
IT Cabinets 6FT (IBM) - Black		FAIR	\$105.00
IT Cabinets 6FT Generic (2)		POOR	\$28.00
Keyboard - Logitech (4)		POOR	\$7.00
Keyboard - Logitech		POOR	\$7.00
Keyboard - Microsoft		FAIR	\$7.00
Keyboard Wave - Logitech		FAIR	\$7.00
Keyboard - Dell		FAIR	\$7.00
Laerdal Little Anne CPR Training Mannequin		GOOD	\$10.50
Laptop - Dell Inspiron N4110 (5)		FAIR	\$105.00
Laptop - Dell		FAIR	\$210.00
Laptop - Dell (2)		FAIR	\$140.00
Laptop - Dell Inspiron		POOR	\$35.00
Laptop - Dell Inspiron N4110 (3)		FAIR	\$140.00

Laptop - Gateway		FAIR	\$105.00
Laptop MC-MOB3		POOR	\$175.00
Medical Plastics Laboratory Professional Health Educatory (2 Infant Mannequins)		FAIR	\$70.00
Mobile Radio		GOOD	\$70.00
Mobile Radio		GOOD	\$70.00
Mobile Radio (New System)		GOOD	\$140.00
Mobile Radio (New System)		GOOD	\$140.00
Mobile Radio			
Old Hospital Radio		FAIR	\$70.00
Mobile Radio - Motorola CM 300		FAIR	\$70.00
Moulage Kit			
2 sets of Pedi Legs			
2 sets of Pedi Arms			
Sets of Oral Face			
1 arm			
5 Replacement patches for mannequin		GOOD	\$17.50
Mouse - Logitech		POOR	\$7.00
Mouse - Logitech		POOR	\$7.00
Mouse - Logitech (5)		POOR	\$7.00
Mouse - Wireless		FAIR	\$7.00
Mouse - Wireless		FAIR	\$7.00
Mouse - Wireless Microsoft		FAIR	\$7.00
Phone		POOR	\$0.00
Phone - Avaya Multiline (2)		POOR	\$0.00
Phone - Avaya (3)		FAIR	\$0.00
Phone - Lucent		GOOD	\$0.00
Phone - Lucent Multiline		FAIR	\$0.00
Phone - Lucent Multiline		GOOD	\$0.00
Phone System		POOR	\$0.00
Phone - Wireless Lucent		FAIR	\$0.00

Power Heart AED Trainer				
Power Heart AED Trainer				
Unit Cardiac Science			GOOD	\$0.00
Printer - Brother			GOOD	\$105.00
Printer - Brother			GOOD	\$105.00
Printer - Brother			FAIR	\$140.00
Printer - Brother (3)			FAIR	\$7.00
Printer - HP Color Laser Jet (2)			FAIR	\$105.00
Printer - HP Color Laser Jet			FAIR	\$105.00
Projector (2)			GOOD	\$10.50
Projector Model - INFOCUS			FAIR	\$10.50
Racks for Telephone & Network (2)			POOR	\$70.00
Recording System - Digi View (Server)			GOOD	\$70.00
Safe			FAIR	\$70.00
Safe - Sentry Fireproof			FAIR	\$17.50
Server - Dell			N/A	\$210.00
Server - MCE-SHW-23			FAIR	\$140.00
Server (unknown)			POOR	\$10.50
Speakers - Altec Lansing			FAIR	\$7.00
Stapler			FAIR	\$1.40
Stapler (2)			FAIR	\$1.40
STAT Simulator Full Body			FAIR	\$0.00
Surge Protector for DVR			FAIR	\$0.00
Tablets - Verizon ( )			FAIR	\$70.00
Television - DYNEX			FAIR	\$105.00
Touchsmart Radio Screens			FAIR	\$280.00
VEGA IP Converting Radio to Comp.			GOOD	\$70.00
Walkie-Talkie Two Way Radio			GOOD	\$35.00
WNL Products Practi-Trainer				
Universal AED Trainer			GOOD	\$350.00
				\$5,603.50

Fill in this information to identify the case.

Debtor name Med Care Emergency Medical Services, Inc.

United States Bankruptcy Court for the:

Southern District of Texas, Mcallen DivisionCase number (if known): 18-70408☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15****Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.☒ Yes. Fill in all of the information below.**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.*Column A***Amount of claim**  
Do not deduct the value of collateral.*Column B***Value of collateral that supports this claim****2.1 Creditor's name**Advantage Funding**Creditor's mailing address**One Marcus AvenueLake Success, NY 11042**Creditor's email address, if known****Date debt was incurred** \_\_\_\_\_**Last 4 digits of account number** 0 2 3 3**Do multiple creditors have an interest in the same property?**☒ No.☐ Yes. Specify each creditor, including this creditor, and its relative priority.**Describe debtor's property that is subject to a lien**

2016 Ford T250-LEASED-Modified &amp; Upgraded for Ambulance Transport

Leased Vehicle

2016 Ford T250-LEASED-Modified &amp; Upgraded for Ambulance Transport

Leased Vehicle

2016 Ford Transit-LEASED-Modified &amp; Upgraded for Ambulance Transport

Leased Vehicle

2016 Ford Medix-Leased-Modified &amp; Upgraded for Ambulance Transport

Leased Vehicle

**Describe the lien**Vehicle Lease**Is the creditor an insider or related party?**☒ No☐ Yes.**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed\$126,785.01\$36,600.00**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**\$1,179,155.50

**Part 1: Additional Page****Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.**

Column A

**Amount of claim**  
Do not deduct the  
value of collateral.

Column B

**Value of collateral  
that supports this  
claim**

<b>2.2 Creditor's name</b> Ally <hr/> <b>Creditor's mailing address</b> P.O. Box 9001948 <hr/> Louisville, KY 40290 <hr/> <b>Creditor's email address, if known</b> <hr/> <b>Date debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>0 7 4 0</u> <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.2</u>	<b>Describe debtor's property that is subject to a lien</b> 2017 Dodge Ram/1500 <hr/> <b>Describe the lien</b> Lien on titles <hr/> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$27,682.00 <hr/> \$21,975.00 <hr/>
--	--	---

<b>2.3 Creditor's name</b> Ally <hr/> <b>Creditor's mailing address</b> P.O. Box 9001948 <hr/> Louisville, KY 40290 <hr/> <b>Creditor's email address, if known</b> <hr/> <b>Date debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____ <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.3</u>	<b>Describe debtor's property that is subject to a lien</b> 2017 Dodge Ram/1500 <hr/> <b>Describe the lien</b> Lien on title <hr/> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$26,195.91 <hr/> \$30,250.00 <hr/>
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Part 1: **Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A

**Amount of claim**  
Do not deduct the  
value of collateral.

Column B

**Value of collateral  
that supports this  
claim****2.4****Creditor's name**

Med One

**Describe debtor's property that is subject to a lien**

\$575,000.00

\$0.00

**Creditor's mailing address**

517 US 31 North

Greenwood, IN 46142

**Describe the lien**

Equipment Lease

**Is the creditor an insider or related party?**☒ No☐ Yes.**Creditor's email address, if known****Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).**Date debt was incurred** \_\_\_\_\_**Last 4 digits of account  
number**C a r e**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed**Do multiple creditors have an interest in the same  
property?**☒ No.☐ Yes. Have you already specified the relative  
priority?**2.5****Creditor's name**

NDS Leasing

**Describe debtor's property that is subject to a lien**

unknown

\$0.00

**Creditor's mailing address**

2825 Story Rd W.

Irving, TX 75038

**Describe the lien**

Equipment Lease

**Is the creditor an insider or related party?**☒ No☐ Yes.**Creditor's email address, if known****Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).**Date debt was incurred** \_\_\_\_\_**Last 4 digits of account  
number**

\_\_\_\_\_

**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed**Do multiple creditors have an interest in the same  
property?**☒ No.☐ Yes. Have you already specified the relative  
priority?**Remarks:** 3 Copy Machines

Part 1:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

		<div>Column A</div> <div>Amount of claim</div> <div>Do not deduct the value of collateral.</div>	<div>Column B</div> <div>Value of collateral that supports this claim</div>
<div>2.6</div> <div>Creditor's name</div> <div>Santander</div> <div>Creditor's mailing address</div> <div>734 Walt Whitman Road 304</div> <div>Melville, NY 11747</div> <div>Creditor's email address, if known</div> <div></div> <div>Date debt was incurred</div> <div></div> <div>Last 4 digits of account number</div> <div></div> <div>Do multiple creditors have an interest in the same property?</div> <div><input checked="" type="checkbox"/> No.</div> <div><input type="checkbox"/> Yes. Have you already specified the relative priority?</div> <div>For Asset:</div> <div>2017 Ford Transit-LEASED-Modified &amp; Upgraded for Ambulance Transport</div> <div>Leased Vehicle</div> <div><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</div> <div><input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines 2.6</div> <div>For Asset:</div> <div>2017 Ford Transit-LEASED-Modified &amp; Upgraded for Ambulance Transport</div> <div>Leased Vehicle</div> <div><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</div> <div><input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines 2.6</div>	<div>Describe debtor's property that is subject to a lien</div> <div>2017 Ford Transit-LEASED-Modified &amp; Upgraded for Ambulance Transport</div> <div>Leased Vehicle</div> <div>2017 Ford Transit-LEASED-Modified &amp; Upgraded for Ambulance Transport</div> <div>Leased Vehicle</div> <div>Describe the lien</div> <div>Vehicle Lease</div> <div>Is the creditor an insider or related party?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes.</div> <div>Is anyone else liable on this claim?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</div> <div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div>	<div>\$212,800.00</div>	<div>\$47,950.00</div>

**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A

**Amount of claim**  
Do not deduct the value of collateral.

Column B

**Value of collateral that supports this claim**

<p><b>2.7 Creditor's name</b> Signature _____</p> <p><b>Creditor's mailing address</b> 225 Broad Hollow Road Melville, NY 11747</p> <p><b>Creditor's email address, if known</b> _____</p> <p><b>Date debt was incurred</b> _____</p> <p><b>Last 4 digits of account number</b> _____</p> <p><b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p><b>For Asset:</b> <b>2016 Ford Transit Va-Modified &amp; Upgraded for Ambulance Transport</b> <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.7</u></p> <p><b>For Asset:</b> <b>2016 Ford Transit Va-Modified &amp; Upgraded for Ambulance Transport</b> <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.7</u></p>	<p><b>Describe debtor's property that is subject to a lien</b> 2016 Ford Transit Va-Modified &amp; Upgraded for Ambulance Transport</p> <p>2016 Ford Transit Va-Modified &amp; Upgraded for Ambulance Transport</p> <p><b>Describe the lien</b> _____</p> <p><b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes.</p> <p><b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>unknown</p>	<p>\$44,600.00</p>
<p><b>2.8 Creditor's name</b> Stryker</p> <p><b>Creditor's mailing address</b> P.O. Box 93309 Chicago, IL 60673</p> <p><b>Creditor's email address, if known</b> _____</p> <p><b>Date debt was incurred</b> _____</p> <p><b>Last 4 digits of account number</b> <u>1</u> <u>1</u> <u>0</u> <u>1</u></p> <p><b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Have you already specified the relative priority?</p>	<p><b>Describe debtor's property that is subject to a lien</b> Equipment Lease</p> <p><b>Describe the lien</b> Equipment Lease</p> <p><b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes.</p> <p><b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$90,692.58</p>	<p>\$0.00</p>



Part 1:

Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.9

Creditor's name

U.S. Bank Equipment Finance

Creditor's mailing address

P.O. Box 790413

Saint Louis, MO 63179

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

5125

Do multiple creditors have an interest in the same property?

☒ No.
 ☐ Yes. Have you already specified the relative priority?

Describe debtor's property that is subject to a lien

\$120,000.00

\$0.00

Describe the lien

Equipment Lease

Is the creditor an insider or related party?

☒ No
 ☐ Yes.

Is anyone else liable on this claim?

☒ No
 ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
 ☐ Unliquidated
 ☐ Disputed

Part 2:

List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
	Line ____	____ _

Fill in this information to identify the case.

Debtor name Med Care Emergency Medical Services, Inc.

United States Bankruptcy Court for the:

Southern District of Texas, Mcallen DivisionCase number (if known): 18-70408☐ Check if this is an amended filing

## Official Form 206E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

## Part 1: List All Creditors with PRIORITY Unsecured Claims

## 1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507)

☒ No. Go to Part 2.☐ Yes. Go to line 2.

## 2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1

## Priority creditor's name and mailing address

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Date or dates debt was incurred

\_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) \_\_\_\_\_

## As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

## Basis for the claim:

\_\_\_\_\_

## Is the claim subject to offset?

☐ No☐ Yes

Total claim

Priority amount

\_\_\_\_\_

2.2

## Priority creditor's name and mailing address

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Date or dates debt was incurred

\_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) \_\_\_\_\_

## As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

## Basis for the claim:

\_\_\_\_\_

## Is the claim subject to offset?

☐ No☐ Yes

\_\_\_\_\_

**Part 2:** List All Creditors with NONPRIORITY Unsecured Claims

- 3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
<b>3.1</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Pablo Villarreal Jr., PCC</u> <u>Hidalgo County Tax Assessor</u> <u>P.O. Box 178</u> <u>Edinburg, TX 78540</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplies, Furniture, Fixtures Equipment &amp; Vehicles; City of McAllen and Hidalgo County</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$16,057.02</u>
<b>3.2</b>	<b>Nonpriority creditor's name and mailing address</b> <u>UnitedHealthcare Insurance Company</u> <u>CDM/Bankruptcy</u> <u>185 Asylum Street 03B</u> <u>Hartford, CT 06103</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Insurance claims over payments not refunded</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$21,125.06</u>
<b>3.3</b>	<b>Nonpriority creditor's name and mailing address</b> _____ _____ _____  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	_____
<b>3.4</b>	<b>Nonpriority creditor's name and mailing address</b> _____ _____ _____  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	_____
<b>3.5</b>	<b>Nonpriority creditor's name and mailing address</b> _____ _____ _____  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	_____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. Total claims from Part 1	5a.	\$0.00
5b. Total claims from Part 2	5b. +	\$37,182.08
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$37,182.08

Fill in this information to identify the case:

Debtor name Med Care Emergency Medical Services, Inc.

United States Bankruptcy Court for the:

Southern District of Texas, Mcallen DivisionCase number (if known): 18-70408 Chapter 11☐ Check if this is an amended filing

## Official Form 206G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

**Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.**

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

## 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest	<u>Emergency Medical Services</u> <u>Contract to be ASSUMED</u>	<u>City of Alamo, Texas</u> <u>City Manager</u>
	State the term remaining	<u>0 months</u>	<u>420 N. Tower Road</u>
	List the contract number of any government contract		<u>Alamo, TX 78516</u>
2.2	State what the contract or lease is for and the nature of the debtor's interest	<u>Emergency Medical Services</u> <u>Contract to be ASSUMED</u>	<u>City of McAllen</u> <u>City of McAllen Fire Department</u>
	State the term remaining	<u>0 months</u>	<u>P.O. Box 220</u>
	List the contract number of any government contract		<u>McAllen, TX 78505</u>
2.3	State what the contract or lease is for and the nature of the debtor's interest	<u>Emergency Medical Services</u> <u>Contract to be ASSUMED</u>	<u>City of Mercedes, Texas</u> <u>400 South Ohio</u>
	State the term remaining	<u>0 months</u>	<u>Mercedes, TX 78570</u>
	List the contract number of any government contract		
2.4	State what the contract or lease is for and the nature of the debtor's interest	<u>Emergency Medical Services</u> <u>Contract to be ASSUMED</u>	<u>City of Mission</u> <u>Fire Chief</u>
	State the term remaining	<u>0 months</u>	<u>415 W. Landry Street</u>
	List the contract number of any government contract		<u>Mission, TX 78572</u>
2.5	State what the contract or lease is for and the nature of the debtor's interest	<u>Emergency Medical Services</u> <u>Contract to be ASSUMED</u>	<u>City of San Juan</u> <u>709 S. Nebraska</u>
	State the term remaining	<u>0 months</u>	<u>San Juan, TX 78589</u>
	List the contract number of any government contract		

Debtor

Med Care Emergency Medical Services, Inc.

Case number (if known) 18-70408

Name

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.6	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	200-M Ease Expressway, Pharr, TX Contract to be ASSUMED 0 months	Ray, Audie E. 3100 Colbath Road Mcallen, TX 78503
2.7	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	4220 N. Bicentennial, Ste. F, McAllen, TX Contract to be ASSUMED 0 months	Greater Good Real Estate 4220 N. Bicentennial A McAllen, TX
2.8	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	1200 Dunlap Ave, Ste. C, Mission, TX Contract to be ASSUMED 0 months	Leal, Ricardo 308 N. Conway Ave. 6 Mission, TX 78572
2.9	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Emergency Medical Services Contract to be ASSUMED 0 months	City of Hidalgo City Manager 704 East Texano Drive Hidalgo, TX 78557
2.10	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Emergency Medical Services Contract to be ASSUMED 0 months	Doctors Hospital at Renaissance Susan Turley 5501 S. McColl Edinburg, TX 78539
2.11	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Emergency Medical Services Contract to be ASSUMED 0 months	Gulf Coast Division, Inc. Division President 3737 Buffalo Speedway Houston, TX 77098
2.12	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Emergency Medical Services Contract to be ASSUMED 0 months	Hidalgo County Emergency Services District #4 P.O. Box 936 Alamo, TX 78516

Debtor Med Care Emergency Medical Services, Inc.  
NameCase number (if known) 18-70408**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.13

State what the contract or lease is for and the nature of the debtor's interest

Emergency Medical ServicesContract to be ASSUMED

State the term remaining

0 months

List the contract number of any government contract

Knapp Medical Center1401 E. 8th StWeslaco, TX 78596

2.14

State what the contract or lease is for and the nature of the debtor's interest

Emergency Medical ServicesContract to be ASSUMED

State the term remaining

0 months

List the contract number of any government contract

Mission Regional Medical Center900 S. Bryan RdMission, TX 78572

2.15

State what the contract or lease is for and the nature of the debtor's interest

Emergency Medical ServicesContract to be ASSUMED

State the term remaining

0 months

List the contract number of any government contract

South Texas Health System1400 W. Trenton RdEdinburg, TX 78539



Debtor

Med Care Emergency Medical Services, Inc.

Case number (if known) 18-70408

Name

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.16

State what the contract or lease is for and the nature of the debtor's interest

Call Center: 909 W. 495, San Juan, TX

State the term remaining

Contract to be ASSUMED

List the contract number of any government contract

0 months

Three View Plaza LLC

Oscar Santos, Melissa S. Flores and Nathan Flores

711 Toronto Ave. F#2

McAllen, TX 78503

2.17

State what the contract or lease is for and the nature of the debtor's interest

Main Station &amp; Office

State the term remaining

Contract to be ASSUMED

List the contract number of any government contract

0 months

Ontiveros Family Living Trust

303 Nightingale Blvd

McAllen, TX 78504

2.18

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Debtor Med Care Emergency Medical Services, Inc.  
NameCase number (if known) 18-70408**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.     State what the contract or lease is  
for and the nature of the debtor's  
interest

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State the term remaining

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List the contract number of any  
government contract

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Case number (if known): 18-70408

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing Address	Name	Check all schedules that apply:
2.6	<div><div></div><div>Street</div><div></div><div>CityStateZIP Code</div></div>		

Fill in this information to identify the case:

Debtor name Med Care Emergency Medical Services, Inc.

United States Bankruptcy Court for the:

Southern District of Texas, Mcallen DivisionCase number (if known): 18-70408 Chapter 11☐ Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real Property:**Copy line 88 from *Schedule A/B*.....\$0.00**1b. Total personal property:**Copy line 91A from *Schedule A/B*.....\$5,714,274.93**1c. Total of all property:**Copy line 92 from *Schedule A/B*.....\$5,714,274.93**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....\$1,179,155.50**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....\$0.00**3b. Total amount of claims of non-priority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....**+** \$37,182.08**4. Total liabilities**.....

Lines 2 + 3a + 3b

\$1,216,337.58

Fill in this information to identify the case.

Debtor name Med Care Emergency Medical Services, Inc.

United States Bankruptcy Court for the:

Southern District of Texas, Mcallen DivisionCase number (if known): 18-70408☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy** 04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income****1. Gross revenue from business**☐ None**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****Sources of revenue**

Check all that apply

**Gross revenue**

(before deductions and exclusions)

**From the beginning of the fiscal year to filing date:**From 01/01/2018 to Filing date  
MM/ DD/ YYYY☒ Operating a business  
☐ Other \_\_\_\_\_\$15,305,995.00**For prior year:**From 01/01/2017 to 12/31/2016  
MM/ DD/ YYYY MM/ DD/ YYYY☒ Operating a business  
☐ Other \_\_\_\_\_\$14,857,718.00**For the year before that:**From 01/01/2016 to 12/31/2016  
MM/ DD/ YYYY MM/ DD/ YYYY☒ Operating a business  
☐ Other \_\_\_\_\_\$13,261,928.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None**Description of sources of revenue****Gross revenue from each source**

(before deductions and exclusions)

**From the beginning of the fiscal year to filing date:**From 01/01/2018 to Filing date  
MM/ DD/ YYYY**Total Gross Revenue:**  
\$0.00**For prior year:**From 01/01/2017 to 12/31/2016  
MM/ DD/ YYYY MM/ DD/ YYYY**Total Gross Revenue:**  
\$0.00**For the year before that:**From 01/01/2016 to 12/31/2015  
MM/ DD/ YYYY MM/ DD/ YYYY**Total Gross Revenue:**  
\$0.00

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

3.

**Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. _____ Creditor's name _____ Street _____ _____ City State ZIP Code			<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

4.

**Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. _____ Creditor's name _____ Street _____ _____ City State ZIP Code Relationship to debtor _____ _____			

5.

Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Description of the property	Date	Value of property
<div>5.1. Internal Revenue Service</div> <div>Creditor's name</div> <div>P.O. Box 7346</div> <div>Street</div> <div></div> <div>Philadelphia, PA 19101</div> <div>City State ZIP Code</div>	<div>Levies to payments for earnings November 6, 2018 - November 19, 2018</div>	<div>11/06/2018</div>	<div>\$145,806.00</div>

6.

Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
<div>5.1. Internal Revenue Service</div> <div>Creditor's name</div> <div>P.O. Box 7346</div> <div>Street</div> <div></div> <div>Philadelphia, PA 19101</div> <div>City State ZIP Code</div>	<div>Levies to payments for earnings November 6, 2018 - November 19, 2018</div> <div>XXXX-            </div>	<div>11/06/2018</div>	<div>\$145,805.86</div>

Part 3: Legal Actions or Assignments

7.

Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity —within 1 year before filing this case.

☒ None

7.1. Case title	Nature of case	Court or agency's name and address	Status of case
<div></div> <div>Case number</div> <div></div>	<div></div>	<div>Name</div> <div>Street</div> <div></div> <div>City State ZIP Code</div>	<div><input type="checkbox"/> Pending</div> <div><input type="checkbox"/> On appeal</div> <div><input type="checkbox"/> Concluded</div>



8.

### Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

8.1. Custodian's name and address	Description of the property	Value
Custodian's name		
Street	Case title	Court name and address
		Name
City State ZIP Code	Case number	Street
	Date of order or assignment	City State ZIP Code

### Part 4: Certain Gifts and Charitable Contributions

9.

List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☐ None

9.1. Recipient's name and address	Description of the gifts or contributions	Dates given	Value
Alamo Lions Club		06/06/2018	\$1,160.00
Recipient's name		6/27/18	
Street			
City State ZIP Code			
Recipient's relationship to debtor			
9.2. Recipient's name and address	Description of the gifts or contributions	Dates given	Value
Boys and Girls Club		7/13/17	\$4,550.00
Recipient's name		2/1/18	
Street		4/25/18	
City State ZIP Code			
Recipient's relationship to debtor			

9.3.

Recipient's name and address

Capable Kids Foundation

Recipient's name

Street

CityStateZIP Code

Recipient's relationship to debtor

Description of the gifts or contributions

Dates given

10/13/17

Value

\$1,250.00

9.4.

Recipient's name and address

CASA of Hidalgo

Recipient's name

Street

CityStateZIP Code

Recipient's relationship to debtor

Description of the gifts or contributions

Dates given

7/25/18

Value

\$5,000.00

9.5.

Recipient's name and address

Celia Garcia

Recipient's name

Street

CityStateZIP Code

Recipient's relationship to debtor

Description of the gifts or contributions

Dates given

12/8/16

12/20/17

Value

\$1,350.00

9.6.

Recipient's name and address

Fishing for Hope

Recipient's name

Street

CityStateZIP Code

Recipient's relationship to debtor

Description of the gifts or contributions

Dates given

8/1/17

8/15/17

Value

\$2,750.00

9.7.

Recipient's name and address

Fred Rodriguez

Recipient's name

Street

CityStateZIP Code

Recipient's relationship to debtor

Description of the gifts or contributions

Dates given

8/16/17

Value

\$1,000.00

9.8.

Recipient's name and address

McAllen ISD Band Boosters

Recipient's name

Street

CityStateZIP Code

Recipient's relationship to debtor

Description of the gifts or contributions

Dates given

08/18/2017

Value

\$1,600.00

9/16/18

9.9.

Recipient's name and address

McAllen Prayer Organ

Recipient's name

Street

CityStateZIP Code

Recipient's relationship to debtor

Description of the gifts or contributions

Dates given

4/1/18

Value

\$1,000.00

9.10.

Recipient's name and address

Mission Sister Cities Commit

Recipient's name

Street

CityStateZIP Code

Recipient's relationship to debtor

Description of the gifts or contributions

Dates given

12/8/17

Value

\$2,000.00

9.11.

Recipient's name and address

Monica Trevino

Recipient's name

Street

↓

City

State

ZIP Code

Recipient's relationship to debtor

Description of the gifts or contributions

Dates given

8/3/18

Value

\$1,000.00

9.12.

Recipient's name and address

Rodrigo Castillo

Recipient's name

Street

↓

City

State

ZIP Code

Recipient's relationship to debtor

Description of the gifts or contributions

Dates given

10/16/17

Value

\$3,500.00

9.13.

Recipient's name and address

Sona Faz de Garza

Recipient's name

Street

↓

City

State

ZIP Code

Recipient's relationship to debtor

Description of the gifts or contributions

Dates given

10/29/18

Value

\$1,000.00

9.14.

Recipient's name and address

Jesus F Vallejo Jr

Recipient's name

Street

↓

City

State

ZIP Code

Recipient's relationship to debtor

Description of the gifts or contributions

Dates given

2/9/18

Value

\$1,000.00

Part 5: Certain Losses

10.

All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None

**Description of the property lost and how the loss occurred****Amount of payments received for the loss**

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (*Schedule A/B: Assets – Real and Personal Property*).

**Date of loss****Value of property lost**

10.1. 2016 Ford Transit Vin# 1FDYR2CG6GKA65135 9744.57-Paid off note 07/18/2018 \$9,744.57  
Auto Accident

**Part 6: Certain Payments or Transfers**

11.

**Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

11.1.	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
	Villeda Law Group	Check#2786	11/2/2017	\$3,265.75
		Check#2851	01/15/2018	\$1,403.00
	<b>Address</b>	Check#2835	03/21/2018	\$5,000.00
	6316 N. 10th Street Bldg. B	Check#2804	04/09/2018	\$5,000.00
	Street	Check#2866	02/16/2018	\$3,662.00
		Cash	08/02/2018	\$3,000.00
	Mcallen, TX 78504			
	City State ZIP Code			
	<b>Email or website address</b>			
	<b>Who made the payment, if not debtor?</b>			
	Candelario Ontiveros			

11.2.	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
	Villeda Law Group	Check#31939	06/19/2018	\$3,500.00
		Check#32021	08/08/2018	\$4,000.00
	<b>Address</b>	Check#32211	11/07/2018	\$5,000.00
	6316 N. 10th Street Bldg B			
	Street			
	Mcallen, TX 78504			
	City State ZIP Code			
	<b>Email or website address</b>			
	<b>Who made the payment, if not debtor?</b>			
	Med-Care Ambulance			

11.3.	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
	Villeda Law Group	Check#0225	11/19/2018	\$13,236.12
	<b>Address</b>			
	6316 N. 10th Street Bldg B			
	Street			
	Mcallen, TX 78504			
	City State ZIP Code			
	<b>Email or website address</b>			
	<b>Who made the payment, if not debtor?</b>			
	Law Office of Reynaldo Ortiz			

12.

**Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

12.1.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
<hr/>			
Trustee			
<hr/>			

13.

Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

13.1.

Who received the transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
<hr/>			
Address			
<hr/>			
Street			
<hr/>			
City	State	ZIP Code	
<hr/>			
Relationship to debtor			
<hr/>			

Part 7: Previous Locations

14.

Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy
14.1. <hr/>	
Street <hr/>	
<hr/>	
City	State ZIP Code
<hr/>	
From <hr/> To <hr/>	

Part 8: Health Care Bankruptcies

15.

Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:  
—diagnosing or treating injury, deformity, or disease, or  
—providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address		Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. _____ Facility name		_____	_____
_____		Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
Street			
_____	_____		
City	State	ZIP Code	
_____			Check all that apply:
_____			<input type="checkbox"/> Electronically
			<input type="checkbox"/> Paper

Part 9: Personally Identifiable Information

16.

Does the debtor collect and retain personally identifiable information of customers?

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained. \_\_\_\_\_  
Does the debtor have a privacy policy about that information?  
☐ No  
☐ Yes



17.

**Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

☒ No. Go to Part 10.

☐ Yes. Does the debtor serve as plan administrator?

☐ No. Go to Part 10.

☐ Yes. Fill in below:

**Name of plan**

**Employer identification number of the plan**

EIN: \_\_\_\_\_

Has the plan been terminated?

☐ No

☐ Yes

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

18.

**Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1 _____ Name _____ Street _____ City State ZIP Code	XXXX- _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	_____

19.

**Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

19.1	Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
	Name			<input type="checkbox"/> No
	Street			<input type="checkbox"/> Yes
	City	State	ZIP Code	
	Address			

20.

**Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

20.1	Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
	Name			<input type="checkbox"/> No
	Street			<input type="checkbox"/> Yes
	City	State	ZIP Code	
	Address			

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**

21.

**Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

## Owner's name and address

## Location of the property

## Description of the property

## Value

Name

Street

City

State

ZIP Code

## Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred**

**22.**

**Has the debtor been a party in any judicial or administrative proceeding under any environmental law?**

Include settlements and orders.

☒ No

☐ Yes. Provide details below.

## Case title

## Court or agency name and address

## Nature of the case

## Status of case

## Case number

Name

Street

City

State

ZIP Code

☐ Pending

☐ On appeal

☐ Concluded

23.

Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

☒ No

☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

24.

Has the debtor notified any governmental unit of any release of hazardous material?

☒ No

☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

### Part 13: Details About the Debtor's Business or Connections to Any Business

25.

#### Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

**Business name and address****Describe the nature of the business****Employer Identification number**

Do not include Social Security number or ITIN.

25.1.

Name

Street

City State ZIP Code

EIN: \_\_\_\_\_

**Dates business existed**

From \_\_\_\_\_ To \_\_\_\_\_

26.

**Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None**Name and address****Dates of service**

26a.1.

Roberto Rodriguez

Name

From \_\_\_\_\_ To \_\_\_\_\_

8600 N. 20th Street

Street

McAllen, TX 78504

City

State

ZIP Code

**Name and address****Dates of service**

26a.2.

Morin Business Service

Name

From \_\_\_\_\_ To \_\_\_\_\_

3603 Ida Street

Street

Edinburg, TX 78539

City

State

ZIP Code

**Name and address****Dates of service**

26a.3.

Rolando Flores

Name

From \_\_\_\_\_ To \_\_\_\_\_

729 N. Ware Rd

Street

McAllen, TX 78501

City

State

ZIP Code

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

**Name and address****Dates of service**

26b.1. Roberto Rodriguez From \_\_\_\_\_ To \_\_\_\_\_  
 Name  
8600 N. 20th Street  
 Street  
 \_\_\_\_\_  
McAllen, TX 78504  
 City State ZIP Code

**Name and address****Dates of service**

26b.2. Morin Business Service From \_\_\_\_\_ To \_\_\_\_\_  
 Name  
3603 Ida Street  
 Street  
 \_\_\_\_\_  
Edinburg, TX 78539  
 City State ZIP Code

**Name and address****Dates of service**

26b.3. Rolando Flores From \_\_\_\_\_ To \_\_\_\_\_  
 Name  
729 N. Ware Rd  
 Street  
 \_\_\_\_\_  
Mcallen, TX 78501  
 City State ZIP Code

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

**Name and address****If any books of account and records are unavailable, explain why**

26c.1. Roberto Rodriguez  
 Name  
8600 N. 20th Street  
 Street  
 \_\_\_\_\_  
McAllen, TX 78504  
 City State ZIP Code

**Name and address****If any books of account and records are unavailable, explain why**

26c.2. Morin Business Service  
 Name  
3603 Ida Street  
 Street  
 \_\_\_\_\_  
Edinburg, TX 78539  
 City State ZIP Code

26c.3.

**Name and address****If any books of account and records are  
unavailable, explain why**

Rolando Flores

Name

729 N. Ware Rd

Street

McAllen, TX 78501

City

State

ZIP Code

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None
**Name and address**

26d.1.

See secured creditors -Schedule D

Name

Street

City

State

ZIP Code

27.

**Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.
**Name of the person who supervised the taking of the inventory****Date of  
inventory****The dollar amount and basis (cost, market, or  
other basis) of each inventory****Name and address of the person who has possession of inventory records**

27.1.

Name

Street

City

State

ZIP Code

28.

List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Candelario Ontiveros	303 Nightingale Ave Mcallen, TX 78504	President,	100.00 %
Veronica Ontiveros	303 Nightingale Ave Mcallen, TX 78504	Vice President,	0.00%

29.

Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No☐ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
			From _____ To _____

30.

#### Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No☐ Yes. Identify below.

30.1.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
<div>30.1.</div> <div>Name</div> <div>Street</div> <div>City State ZIP Code</div> <div>Relationship to debtor</div>			



31.

Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
- ☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
	EIN: _ _ - _ _ _ _ _

32.

Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
- ☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the pension fund
	EIN: _ _ - _ _ _ _ _

Part 14: Signature and Declaration

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/5/2018 3:17:02 PM  
MM/ DD/ YYYY

X

/s/ Candelario Ontiveros

Signature of individual signing on behalf of the debtor

Position or relationship to debtor

President

Printed name Candelario Ontiveros

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

B2030 (Form 2030)(12/15)

# United States Bankruptcy Court

## Southern District of Texas

**In re**

Med Care Emergency Medical Services, Inc.

Case No. 18-70408Chapter 11**Debtor(s)****DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	<u>\$15,000.00</u>
Prior to the filing of this statement I have received .....	<u>\$13,236.12</u>
Balance Due .....	<u>\$1,763.88</u>

2. The source of the compensation to be paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

12/05/2018*Date*/s/ Antonio Villeda*Signature of Attorney*Villeda Law Group*Name of law firm*

Advantage Funding

One Marcus Avenue  
Lake Success, NY 11042

Ally

P.O. Box 9001948  
Louisville, KY 40290

City of Alamo, Texas

City Manager  
420 N. Tower Road  
Alamo, TX 78516

City of Hidalgo

City Manager  
704 East Texano Drive  
Hidalgo, TX 78557

City of McAllen

City of McAllen Fire Department  
P.O. Box 220  
McAllen, TX 78505

City of Mercedes, Texas

400 South Ohio  
Mercedes, TX 78570

City of Mission

Fire Chief  
415 W. Landry Street  
Mission, TX 78572

City of San Juan

709 S. Nebraska  
San Juan, TX 78589

Doctors Hospital at  
Renaissance

Susan Turley  
5501 S. McColl  
Edinburg, TX 78539

Fire Chief

Alamo Fire Department  
415 N. Tower Road  
Alamo, TX 78516

Greater Good Real Estate

4220 N. Bicentennial A  
McAllen, TX

Gulf Coast Division, Inc.

Division President  
3737 Buffalo Speedway  
Houston, TX 77098

Hidalgo County Emergency  
Services District #4

P.O. Box 936  
Alamo, TX 78516

Internal Revenue Service

Bankruptcy Specialist  
Keri Templeton  
300 E. 8th Street, M/S5026-AUS  
Austin, TX 78701

Knapp Medical Center

1401 E. 8th St  
Weslaco, TX 78596

Ricardo Leal

308 N. Conway Ave. 6  
Mission, TX 78572

Legal Department  
Operations Counsel, Gulf Coast Division  
P.O. Box 550  
Nashville, TN 37202

Med One  
517 US 31 North  
Greenwood, IN 46142

Mission Regional Medical  
Center  
900 S. Bryan Rd  
Mission, TX 78572

NDS Leasing  
2825 Story Rd W.  
Irving, TX 75038

Ontiveros Family Living Trust  
303 Nightingale Blvd  
McAllen, TX 78504

Pablo Villarreal Jr., PCC  
Hidalgo County Tax Assessor  
P.O. Box 178  
Edinburg, TX 78540

Audie E. Ray  
3100 Colbath Road  
McAllen, TX 78503

Santander  
734 Walt Whitman Road 304  
Melville, NY 11747

Signature  
225 Broad Hollow Road  
Melville, NY 11747

South Texas Health System  
1400 W. Trenton Rd  
Edinburg, TX 78539

Stryker  
P.O. Box 93309  
Chicago, IL 60673

Three View Plaza LLC  
Oscar Santos, Melissa S. Flores and  
Nathan Flores  
711 Toronto Ave. F#2  
McAllen, TX 78503

U.S. Bank Equipment Finance  
P.O. Box 790413  
Saint Louis, MO 63179

UnitedHealthcare Insurance  
Company  
CDM/Bankruptcy  
185 Asylum Street 03B  
Hartford, CT 06103

IN THE UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF TEXAS  
MCALLEN DIVISION

IN RE: **Med Care Emergency Medical Services,  
Inc.**

CASE NO 18-70408

CHAPTER 11

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 12/05/2018 Signature /s/ Candelario Ontiveros  
Candelario Ontiveros, President